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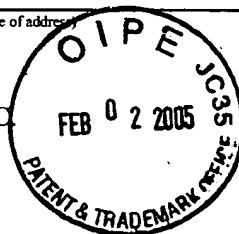
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23543 7590 01/06/2005

AIR PRODUCTS AND CHEMICALS, INC.
 PATENT DEPARTMENT
 7201 HAMILTON BOULEVARD
 ALLENTOWN, PA 181951501

02/03/2005 JBALINA2 00000039 010493 09997599

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Mary E. Bongiorno (Depositor's name)

Mary E Bongiorno (Signature)

31 Jan 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/997,599	11/29/2001	John Joseph Rabasco	06062P USA	5231

TITLE OF INVENTION: POLYMER EMULSION PRESERVATION USING CATIONIC COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SZEKELY, PETER A	1714	523-122000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mary E. Bongiorno

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Air Products Polymers, L.P.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Allentown, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 20

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0493 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Mary E. BongiornoDate 31 Jan 2005Typed or printed name Mary E. BongiornoRegistration No. 36,091

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